

ATTORNEY'S DOCKET NO.

PATENT APPLICATION TRANSMITTAL LETTER

TO THE COMMISSIONER OF PATENTS AND TRADEMARKS:

Transmitted herewith for filing is the patent application of 210A MADADfor WIRELESS INTERACTIVE SYSTEM AND METHOD

Enclosed are:

- ☒ 48 sheets of drawing.
- ☒ an assignment of the invention to 210A MADAD COMMUNICATIONS LTD
- ☐ a certified copy of a _____ application.
- ☐ associate power of attorney.
- ☒ verified statement to establish small entity status under 37 CFR 1.9 and 1.27. _____

CLAIMS AS FILED

FOR:	NO. FILED	NO. EXTRA
BASIC FEE		
TOTAL CLAIMS	23-20-	3
INDEP. CLAIMS	4-3-	1
MULTIPLE DEPENDENT CLAIM PRESENT <u>0</u>		

SMALL ENTITY

RATE	FEE
	\$345
x \$8 =	\$27
x \$17 =	\$39
+ \$55 =	\$0
TOTAL	\$451

OTHER THAN A SMALL ENTITY

RATE	FEE
	\$
x \$12 =	\$
x \$34 =	\$
+ \$110 =	\$
TOTAL	\$

* If the difference in col. 1 is less than zero, enter "0" in col. 2

- ☐ Please charge my Deposit Account No. _____ in the amount of \$ _____
- ☐ A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$ 451 to cover the filing fee is enclosed.
- ☐ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is enclosed.
- ☐ Any additional filing fees required under 37 CFR 1.16.
- ☐ Any patent application processing fees under 37 CFR 1.17.
- ☐ The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is enclosed.
- ☐ Any filing fees under 37 CFR 1.16 for presentation of extra claims.
- ☐ Any patent application processing fees under 37 CFR 1.17.
- ☐ The issue fee set in 37 CFR 1.18 at or before mailing of the Notice of Allowance, pursuant to 37 CFR 1.311(b).

7/10/00
date

signature

1075 U.S. PTO

09/624237

07/24/00

00724/00
1075 U.S. PTO

09624237 072400

TWO CHECKS,
380 + 71

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h2 style="margin: 0;">FEE TRANSMITTAL</h2>	Complete if Known	
	Application Number	
	Filing Date	
	First Named Inventor	
	Group Art Unit	
Examiner Name		PTO 09/624237 07/24/00
Attorney Docket Number		
TOTAL AMOUNT OF PAYMENT (\$)		

<h3 style="text-align: center; margin: 0;">METHOD OF PAYMENT (check one)</h3> <p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number: </p> <p>Deposit Account Name: </p> <p><input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the mailing of the Notice of Allowance, 37 CFR 1.311(b)</p> <p>2. <input type="checkbox"/> Payment Enclosed:</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other </p> <h3 style="text-align: center; margin: 0;">FEE CALCULATION (fees effective 10/01/96)</h3> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <h4 style="margin: 0;">1. FILING FEE</h4> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entry</th> <th style="text-align: left;">Small Entry</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: left;">Fee Paid</th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>101 770</td> <td>207 385</td> <td>Utility filing fee</td> <td style="text-align: center;">345</td> </tr> <tr> <td>106 320</td> <td>206 160</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>107 530</td> <td>207 265</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108 770</td> <td>208 385</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114 150</td> <td>214 75</td> <td>Provisional filing fee</td> <td></td> </tr> </tbody> </table> <p style="text-align: right; margin-top: 5px;">SUBTOTAL (1) (\$) 66</p> </div> <div style="border: 1px solid black; padding: 5px;"> <h4 style="margin: 0;">2. CLAIMS</h4> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Total Claims</th> <th style="text-align: left;">Extra</th> <th style="text-align: left;">Fee from below</th> <th style="text-align: left;">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>22 - 20 = 2</td> <td>3</td> <td>9</td> <td style="text-align: center;">27</td> </tr> <tr> <td>4 - 3 = 1</td> <td>1</td> <td>39</td> <td style="text-align: center;">39</td> </tr> <tr> <td>Multiple Dependent Claims</td> <td>0</td> <td>0</td> <td style="text-align: center;">0</td> </tr> </tbody> </table> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entry</th> <th style="text-align: left;">Small Entry</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: left;">Fee Paid</th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>103 22</td> <td>203 11</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>102 80</td> <td>202 40</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>104 260</td> <td>204 130</td> <td>Multiple dependent claim</td> <td></td> </tr> <tr> <td>109 80</td> <td>209 40</td> <td>Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>110 22</td> <td>210 11</td> <td>Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> </tbody> </table> <p style="text-align: right; margin-top: 5px;">SUBTOTAL (2) (\$) 66</p> </div>	Large Entry	Small Entry	Fee Description	Fee Paid	Fee Code (\$)	Fee Code (\$)			101 770	207 385	Utility filing fee	345	106 320	206 160	Design filing fee		107 530	207 265	Plant filing fee		108 770	208 385	Reissue filing fee		114 150	214 75	Provisional filing fee		Total Claims	Extra	Fee from below	Fee Paid	22 - 20 = 2	3	9	27	4 - 3 = 1	1	39	39	Multiple Dependent Claims	0	0	0	Large Entry	Small Entry	Fee Description	Fee Paid	Fee Code (\$)	Fee Code (\$)			103 22	203 11	Claims in excess of 20		102 80	202 40	Independent claims in excess of 3		104 260	204 130	Multiple dependent claim		109 80	209 40	Reissue independent claims over original patent		110 22	210 11	Reissue claims in excess of 20 and over original patent		<h3 style="text-align: center; margin: 0;">FEE CALCULATION (continued)</h3> <h4 style="margin: 0;">3. 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SUBMITTED BY		Complete (if applicable)	
Typed or Printed Name	210N HADAD	Reg. Number	
Signature		Date	7/1-1-00
		Deposit Account User ID	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.